HEALTH AND WELLBEING BOARD

19 FEBRUARY 2019

TASK GROUP REPORT: THE IMPACT OF SOCIAL ISOLATION IN MEDWAY

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Summary

The Task Group report considers the impact of social isolation and loneliness in Medway and makes a number of recommendations for actions that the Council and other organisations can take to reduce social isolation in Medway.

The Task Group hopes the recommendations contained in the report will act as a catalyst to further tackling social isolation and loneliness in Medway and the negative impact that it has on health and wellbeing.

The Health and Adult Social Care Overview and Scrutiny Committee considered the report at its meeting held on 13 December 2018 and Members’ comments are set in section 7 of the report.

Cabinet considered the report on 15 January 2019 with the report and recommendations being agreed as presented.

1. Budget and Policy Framework

1.1 Under Chapter 4 of the Constitution (Part 5 – Overview and Scrutiny Rules - paragraph 21.1 (xvii)), each overview and scrutiny committee has the responsibility to appoint time limited Task Groups to undertake in-depth reviews within the overall programme of reviews agreed each year by the Business Support Overview and Scrutiny Committee and to make recommendations to the Council and Leader and Cabinet as appropriate. The review topic, ‘The Impact of Social Isolation in Medway’ is within the remit of the Health and Adult Social Care Overview and Scrutiny Committee. The recommendations will also be of interest and relevance to the Health and Wellbeing Board.
1.2 The recommendations arising from the review are consistent with the Council’s Policy Framework.

2. **Background**

2.1 In June 2011 the Business Support Overview and Scrutiny Committee agreed to exercise a more pro-active role than previously in prioritising the programme of in-depth scrutiny review work. This followed a Council decision that a maximum of three reviews or themed meetings can be undertaken annually across all four Overview and Scrutiny Committees in light of shrinking capacity across the organisation – representing a shift from the previous position of multiple Task Groups with no fixed timelines running at any one time.

2.2 In line with best practice the Committee also decided to adopt a more systematic approach to the selection of topics with nominations submitted by each Committee, taking into account suggestions and advice from Directors and Deputy/Assistant Directors.

2.3 The selection of topics for the current round of in-depth scrutiny reviews was agreed by the Business Support Overview and Scrutiny Committee on 30 November 2017 as follows:

<table>
<thead>
<tr>
<th>Health and Adult Social Care Overview and Scrutiny Committee</th>
<th>The Impact of Social Isolation in Medway</th>
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</thead>
<tbody>
<tr>
<td>Health and Adult Social Care / Children and Young People Overview and Scrutiny Committees</td>
<td>Support for Carers</td>
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<tr>
<td>Health and Social Care, Children and Young People, Regeneration, Culture and Environment Overview and Scrutiny Committees</td>
<td>Physical Activity</td>
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<tr>
<td>Regeneration, Culture and Environment and Business Support Overview and Scrutiny Committees</td>
<td>Town Centres for the 21st Century</td>
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2.4 The Task Group commenced its work in May 2018 following conclusion of previous Task Group looking at Employment Opportunities for 18 to 25 year olds.

2.5 The Membership of the Task Group included Councillors Purdy (Chairman), Aldous, McDonald, Price and Wildey.

3. **Terms of Reference**

3.1 The Task Group’s Terms of Reference were as follows:

3.2 It is proposed that the Task Group reviews progress to date in Medway and opportunities to enhance existing work as well as considering the national
picture to ensure that Medway’s approach is aligned with the emerging national picture.

3.3 It is recognised that the voluntary sector and local communities are both critically important to addressing the causes of social isolation and to promoting community connectedness and it will therefore be important to consider the views and contribution of community groups as part of the evidence gathering.

3.4 The key lines of enquiry were as follows:

- To define and understand the term social isolation and how it differs from loneliness.
- To consider national research and guidance on what works to reduce loneliness and social isolation.
- To review progress against themes identified in Medway’s social isolation strategy – ‘A Strategy to Reduce Social Isolation 2014-18’ and to identify any gaps and arising opportunities.
- To consider the role of Council services, such as Adult Social Care and other service providers in helping to address social isolation and to identify where Medway Council could provide support and add value and to consider the impact of the physical environment.
- To consider the role that Medway Councils’ key stakeholders can play and possible interventions to address social isolation e.g. health partners, the voluntary sector, other key local institutions and organisations.
- To review the way in which local communities could improve the manner in which they help themselves.
- To investigate the current interventions provided by a range of organisations, including local, regional or national examples and identify ways in which partners and local communities can work together further to address social isolation in Medway.
- To thoroughly investigate social isolation affecting older people and also to consider the impact on younger adults (including young parents).

4. **Methodology**

4.1 On 10 May 2018, the Task Group met to discuss the background to the review, as well as the review scope and to agree its Terms of Reference. At this point, the group also considered the methodology for the review and agreed to hold a series of round table evidence sessions, thereby providing an opportunity for the participants to get together in an informal setting to examine the issues as they relate to their specific service or organisation.

4.2 In addition to the roundtable evidence gathering sessions, a meeting was also arranged with Tracey Crouch MP, Minister for Loneliness to find out about the Government’s plans to address social isolation and to discuss how councils could play their part in this work.

4.3 The Task Group also agreed a visit to Bracknell Forest in order to find out about the significant amount of work undertaken by Bracknell Forest Council and other organisations to address social isolation and loneliness in that area.
Following the first roundtable evidence gathering session with a variety of Council services, it was agreed that further roundtable discussions would be held with locally based public and voluntary sector organisations to find out about work already being undertaken to address social isolation and loneliness and to discuss what further activity could be undertaken and how Medway Council could support this.

**5. Conclusions and Recommendations of the Task Group**

5.1 The Task Group held its final meeting on 14 November to agree the draft report and recommendations.

5.2 It had been anticipated that the recommendations of the Task Group would be presented according to the relevant theme of the Council’s existing Social Isolation Strategy, the themes of which were raising awareness, action for individuals and community action. However, due to a number of recommendations being relevant to two or more of the themes, this approach has not been taken. The evidence and recommendations have instead been grouped according to the key issues and proposed action areas identified during the Task Group’s evidence gathering.

5.3 The recommendations put forward by the Task Group recognise both that financial resources are constrained and that the variety of existing work being undertaken by the Council and other organisations will already be addressing social isolation in Medway.

5.4 The Government has published its Loneliness Strategy since the Task Group undertook its evidence gathering. An additional recommendation has therefore been made for the national strategy to be reviewed against local activity to consider alignment to local activity and avoid unnecessary duplication.

5.5 A key finding of the Task Group is that work to address social isolation and loneliness is not always as joined up as it could be, with a need to strengthen communications and awareness raising of the local offer and the need to bring organisations together having been highlighted.

**6. Monitoring of Implementation**

6.1 As is normal practice following agreement of a Task Group report by Cabinet, it is proposed that the Health and Adult Social Care Overview and Scrutiny Committee receives an update on the implementation of the recommendations. This would be approximately six months after agreement Cabinet.

6.2 In recognition of the proposed role of the Health and Wellbeing Board in monitoring implementation of the recommendations of the Task Group and in overseeing the broader work taking place to address social isolation and loneliness, the report is being presented to Board. The Board may also wish to receive the further monitoring update that it is proposed will be presented to
the Health and Adult Social Care Overview and Scrutiny Committee in Summer 2019.

7. Comments from the Health and Adult Social Care Overview and Scrutiny Committee – 13 December 2018

7.1 The Health and Adult Social Care Overview and Scrutiny Committee considered the report at its meeting held on 13 December 2018 and Members’ comments are set out below:

7.2 The draft Task Group report highlighted key challenges and issues in Medway in relation to Social Isolation. The aims of the Task Group had included reviewing existing provision aimed at reducing Social Isolation, both within the remit of the Council and amongst partner organisations and the community and voluntary sector. The Task Group had also considered national best practice guidance and how Medway could learn from it to further reduce isolation for residents. Evidence had been gathered from a wide range of people, including Council officers, other public sector organisations and a wide range of community and voluntary organisations. The Task Group had met with the then Minister for Loneliness to discuss the national perspective on social isolation as well as undertaking a best practice visit to Bracknell to see how lessons from work undertaken in that area could be applied in Medway.

7.3 The key findings of the Task Group were that significant work was already taking place across a range of organisations in Medway to reduce Social Isolation. Examples included activity within social care, libraries, adult education, commissioned services and arts activities. However, the 23 recommendations made by the report recognised that more could be done. One key theme was the need to raise awareness as partners were often not aware of what other organisations were doing to address social isolation. A recommendation had been made relating to how awareness raising could be improved, while another recommendation was that a public communications campaign should be undertaken. This would aim to raise awareness around the work of community organisations and partners in order to better support community connectedness, identify practical actions that could be taken and promote existing activity in a more co-ordinated way. The creation of officer and Member social isolation champions had also been recommended to help support awareness raising work with Councillors being seen, in their role as community leaders, as having a key role to play in raising awareness of social isolation. It had been recommended that this be highlighted as part of Member induction. Another recommendation was that more frontline staff should be trained to enable them to effectively signpost to sources of information and support.

7.4 The Task Group’s findings had also recognised the importance of social prescribing in reducing social isolation. This concept would see health professionals linking patients to workers who could look at a range of holistic non-medical needs, including isolation and signpost people to appropriate activities and further support as required. This work would also include the development of a directory of services.
7.5 Committee Members raised a number of questions which were responded to as follows:

7.5.1 **Social Isolation Network and measuring impacts** – A Member asked whether the Social Isolation Network would be sufficiently resourced to deliver the activity envisaged. It was also asked if the impact of reducing social isolation would be measured. Another Member asked what the current membership of the Network was and requested that a membership list be circulated to the Committee.

7.5.2 The Public Health Consultant said that the Government’s recently published Loneliness Strategy recognised that measuring the impact of loneliness and social isolation was challenging. The Government had recently released new metrics setting out how isolation could be measured and work would be undertaken to consider how this could be used locally. It was planned to include a social isolation question in a health survey due to be undertaken and to then benchmark levels locally. In relation to the Social Isolation Network, a range of Council departments and external organisations were currently represented. The membership would be refreshed with Committee Members being welcome to suggest potential new network members. Consideration would be given to providing information about the Network on the Council website. It was confirmed that a dedicated resource would be provided to support the Network.

7.5.3 **Built in Isolation** – A Member expressed concern that some new developments were causing isolation as there was limited opportunity for residents to interact due to the design and that projected increases in single occupancy would also be a contributory factor. The Director of Public Health advised that a new Assistant Director would be taking forward work in this area and that he would be working with them and with Planning to consider these issues and how to address them within the Local Plan.

7.5.4 **People who do not want help** – A Committee Member asked how people who did not want to receive any support would be approached, given that some of this group were amongst the most isolated. The Director of Public Health said that this was one of the reasons for the Task Group having chosen to investigate social isolation. There was not one specific answer to the question but it was necessary to first build a framework of support. The Council had made a bid for Interreg European funding. If successful, this would support the development of significant resources in relation to social prescribing. It was confirmed that the availability of this funding would not be affected by Brexit. Another Committee Member hoped that, once people saw neighbours benefitting from activities in relation to social isolation, it would encourage them to participate. One of the Task Group Members noted that the review had considered the challenge presented by those reluctant to accept support and that, although the Council and other organisations could encourage people to participate in activities, this was ultimately down to individual choice.
7.5.5 **Monitoring of Implementation** – It was confirmed that, subject to the report being agreed by Cabinet in January 2019, a six month progress update would be presented to the Committee, with the Committee having the option of requesting a further update after this.

7.6 The Committee considered the report and recommendations made by the Social Isolation Task Group and agreed to recommend the report to Cabinet on 15 January 2019.

8. **Cabinet – 15 January 2019**

8.1 The Cabinet considered the report and recommendations at its meeting held on 15 January 2019. The Cabinet noted the comments of the Health and Adult Social Care Overview and Scrutiny Committee set out at section 7 to the report; and agreed the recommendations made by the Social Isolation Task Group, as set out in Appendix A to the report (decision no. 5/2019 refers).

9. **Risk management**

9.1 There are no risks arising from the report. However, adoption by Cabinet of the recommendations will lead to various options being explored and, at this point, any risks will need to be assessed.

10. **Financial implications**

10.1 Any service improvements as a result of the recommendations of this report will need to be delivered from within existing budgets. The work of the Task Group was supported by Democratic Services and officers from Public Health and Adult Social Care.

10.2 There is a small budget held by Democratic Services to meet the cost of any visits, stakeholder events or expenses incurred by expert witnesses associated with the review. The only cost incurred during this review was the hire of a mini bus for the Task Group visit to Bracknell Forest.

10.3 Task Groups are advised to formulate recommendations in the context of the prevailing financial climate.

11. **Legal implications**

11.1 Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it.

11.2 To assist the Council in fulfilling the legal obligations set out above, a Diversity Impact Assessment has been undertaken. This is included as an appendix to the Task Group report.
11.3 There are no other legal implications arising from the recommendations. However, officers may need to consider the legal implications of some recommendations as the proposals are developed.

12. Recommendations

12.1 The Health and Wellbeing Board is asked to:

a) note the comments of the Health and Adult Social Care Overview and Scrutiny Committee, set out in section 7 of the report and the decision of the Cabinet, set out in section 8 of the report;

b) note the Task Group report and recommendations set out at Appendix A and make any comments it wishes in relation to implementation of the recommendations; and

c) agree to receive an update report on implementation of the recommendations of the Task Group, due to be presented to the Health and Adult Social Care Overview and Scrutiny Committee in Summer 2019, and for this to be added to the Board’s Work Programme.

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Appendices

Background papers
The background papers relied upon in producing the report from the Task Group are set out within the main report.